

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Mar 6	93	1/19/02
O.I.P.E. CLASSIFIER			2/4/00
FORMALITY REVIEW	WW	67979	2-18-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	8-19-94
Original	2-26-94
1	-
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5	N
6	✓
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Claim	Date
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Original	-
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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